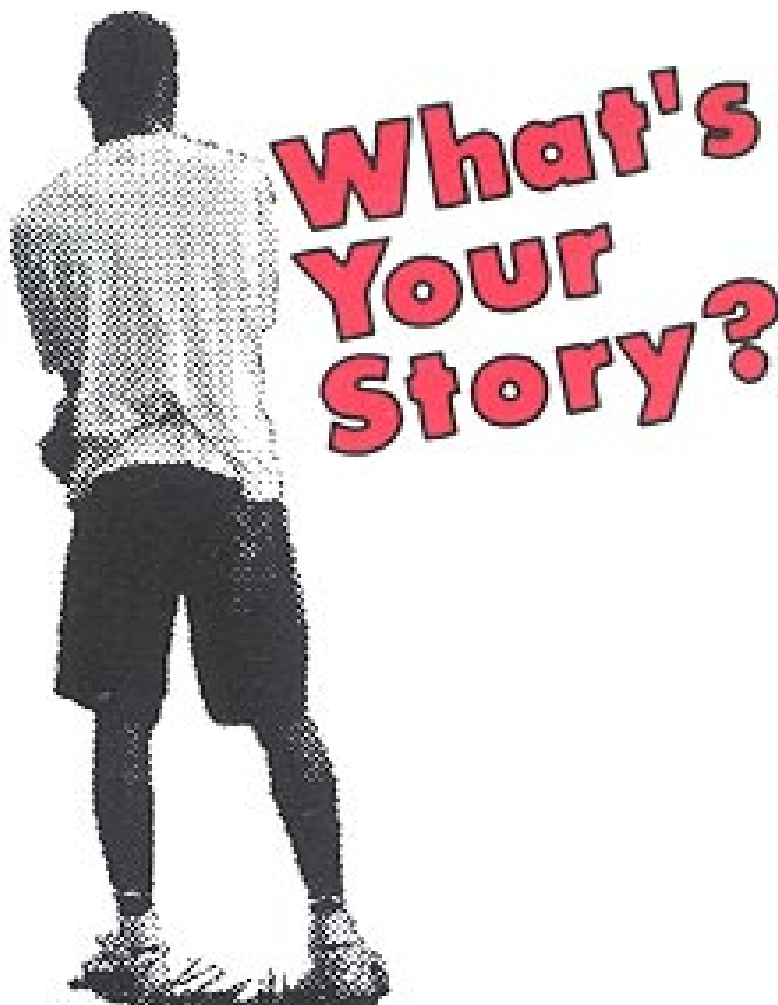


Examples of a  
program in targeted  
communications  
using a “hybrid” of  
behavioral change  
models



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# The lessons learned:

There are other key communications concepts that help build our successful campaigns -

**Media literacy** ("counter marketing in the mind"): You can't do effective media advocacy with a community until someone in that community is media literate. The public will respond better to media advocacy if they understand the economic environment of media.

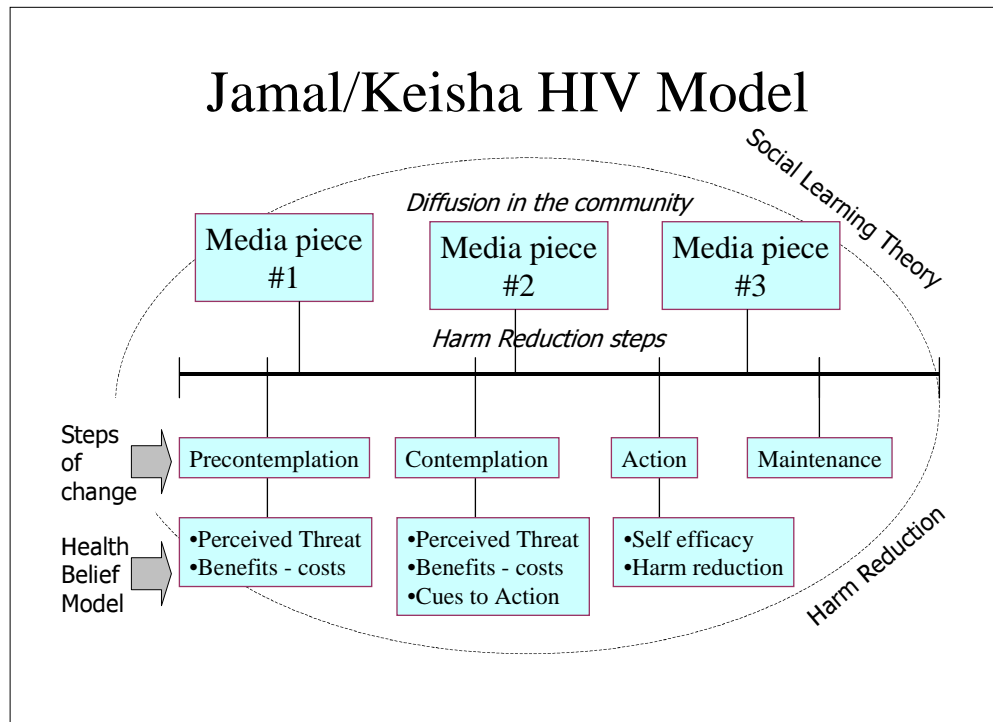
Health programs have levels of communications - one being the community or face-to-face level. Media literacy is the community of communications programs.

Another concept that has been important for our programs has been using **multiple methods of research**. Every research method has its limitation. By triangulating research with a variety of methods more facets of the phenomenon under study are available for the program.

## Key points from developing the model:

- In-depth formative and comprehensive pretesting:** Jamal/Keisha had fourteen different qualitative sites around the state (some were clinic intercept sites, some were focus groups). FACES family planning research entailed fourteen focus groups in one city.
- Engage your distributors or frontline staff:** The people who will be using your product work with your target population. They can speak to generalities. Engaging the distributors in design adds buy-in and adapts the product design and message to be easier to use, and therefore more likely to be implemented.
- Stay true to your research:** If you listen to what your distributors and target audience say, you will design what they need. Designers need public health guidance to stay attuned to the preferences of the targeted audience. In some cases, public health interpretation explains the finer points of the formative research that may evade the understanding of the design team.
- Design for your audience:** The design and language of a product should reflect the preferences of the audience. The amount of money put into the production of a product may alienate the people are to be reached - your production level is actually communicating a message to your audience.
- Use behavioral change theories:** The behavioral change theories provide the foundation from which you can base your research, product design, placement and evaluation (see the graphic on the next page).
- Use resources creatively:** Internships for students, pro bono work from artists are just two ways to stretch dollars of public health campaigns.

## The models used:



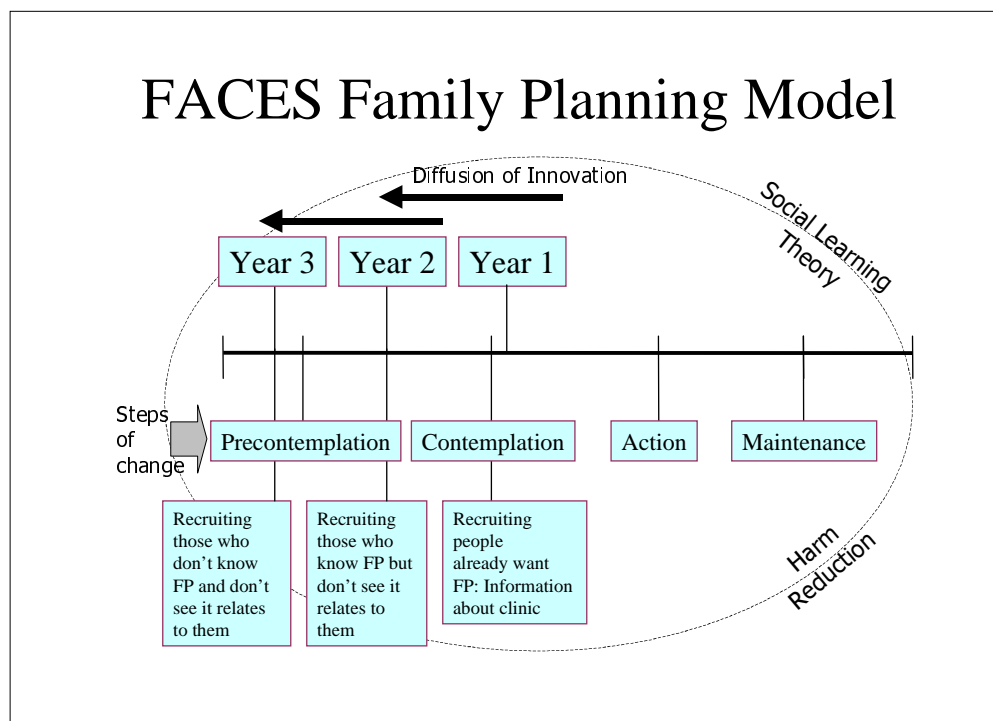
The first model that has been used is **Steps of Change**. Through formative research, the target audience is segmented using the steps.

The **Health Belief Model** is used to identify the most important factors for the audience based on their stage - each step having different factors to emphasize.

**Social Learning (SLT)** provides a guide for how to present the information. Essentially, people need to internalize a message and SLT helps to identify the way to aid in the internalization (i.e., peer, role model, re-hearsals, etc.).

"It took years to get the behavior pattern, it will take as much effort to change it." **Harm reduction** provides small steps to change and recognizes that change is not linear, but iterative, and that it is difficult.

**Diffusion of innovation** provides a framework for identifying communication patterns in a community.



# The projects:

**Jamal/Keisha** was a campaign to put materials in the hands of HIV street outreach workers to improve their communications with people who were not using condoms.

The design was a condom packet that had the story of a man, **Jamal** in three chapters as he moved through the personal changes that to use condoms.

The target audience was identified by outreach workers as African-American men who have a woman as a primary partner, yet have sex with men, too.

The target population for **Keisha** was also identified by outreach workers. Keisha was exposed to STDs by her primary partner. She learns to use condoms consistently.

The two most important variables in the evaluation were perceived risk of HIV exposure (neither of these two audiences felt at risk) and had a talk with the outreach worker. Both were significant.



**FACES family planning** was a project to develop a family planning clinic open at nontraditional hours for teens.

The formative research identified three main groups, along the lines of steps of change segmentation.

The group easiest to reach were those who are trying to go or ready to go to a family planning clinic, but didn't because of logistics or minor motivation barriers. The second group was those who knew about family planning but did not think it had to do with them. The group most difficult to reach are those who don't know about family planning and so don't think they could use it.

Initial research also identified that very few young people knew what the term "family planning" meant.

The campaign is a packet with trivia cards and condoms in a "No Limit Records" - CD cover design. Response from pretesting was overwhelming. Release is August 2000.